

Everyone has the right to live free of violence



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SVRI October 23, 2019



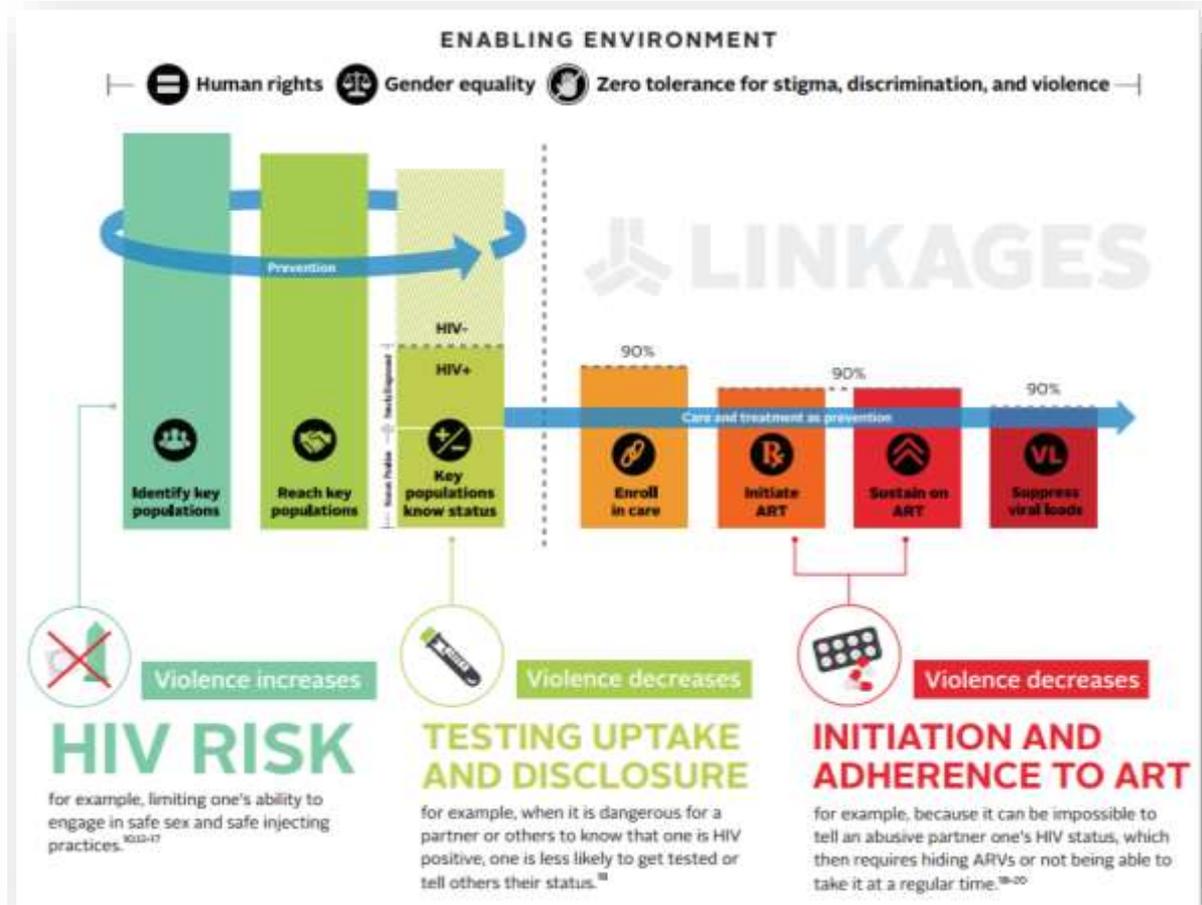


Background

GBV and HIV are twin epidemics

GBV:

- Increases HIV vulnerability¹⁻⁶
- Decreases testing uptake and disclosure⁷
- Decreases adherence to antiretroviral therapy⁸⁻¹⁰



<https://www.fhi360.org/sites/default/files/media/documents/infographic-hiv-gpv.PDF>

Sources: 1. Beattie et al., 2015. 2. Decker et al., 2013. 3. Decker et al., 2015. 4. Decker et al., 2016. 5. Dunkle & Decker, 2013. 6. Lunze et al., 2016. 7. Schafer et al., 2012. 8. Machtinger et al., 2012. 9. Mendoza et al., 2017. 10. Zullinger et al., 2015.

Context: HIV in the Dominican Republic



- HIV prevalence rates
 - Men who have sex with men – 7.1%¹
 - Transgender women – 18.0%¹
 - Sex workers – 3.7%¹
 - General population – 0.9%²
- Women who have experienced GBV are more than twice as likely to be living with HIV³

Context: GBV in the Dominican Republic

- High rates of GBV, particularly intimate partner violence, and low GBV response service seeking¹
- GBV disproportionately affects key population members and people living with HIV
 - 18% of female sex workers reported violence from a sexual partner²
 - 46% of transgender women reported trauma³
 - 25% of men who have sex with men and trans women reported verbal abuse⁴

Análisis

RD superaría este año tasa feminicidio región

PNUD DICE QUE 2 DE CADA 5 MUERTES SON POR VIOLENCIA DOMÉSTICA

Artículo

Doris Pantaleón
Santo Domingo

República Dominicana ocupa uno de los tres primeros lugares en la región en la manifestación más grave de violencia, que son los feminicidios, mientras de continuar la tendencia actual, superará este año el tercer lugar entre las tasas más altas, después de El Salvador y Honduras.

Los datos están contenidos en el informe "De compromiso a la acción: políticas para erradicar la violencia contra las mujeres en América Latina y el Caribe", presentado ayer por el Programa de las Naciones Unidas para el Desarrollo (PNUD), una entidad de la ONU para la igualdad de género y el empoderamiento de la mujer (ONU mujeres) y el Ministerio de la Mujer.



Yenet Camilo, ministra de la Mujer, pronuncia discurso en la presentación del informe "De compromiso a la acción: políticas para erradicar la violencia contra las mujeres en América Latina y el Caribe".

<https://www.listindiario.com/la-republica/2017/12/01/493104/rd-superaria-este-ano-tasa-feminicidio-region>. December 2017.

Listin Diario

Context: Barriers to integrated and inclusive GBV response services

Supply

- Some GBV response services completely or functionally unavailable
- Unlinked services that are difficult to navigate
- Stigma and discrimination against key population members, people living with HIV, and survivors of GBV

Demand

- Normalization of GBV and self-stigma prevents disclosure and seeking services
- GBV services seen as “not worth the effort” or as openly hostile

Services for survivors of GBV*

Health

- Evaluation/treatment of injuries
- Post-exposure prophylaxis (PEP)
- Emergency contraception (EC)
- STI testing/treatment
- Mental health screening/services

Justice/Police

- Documentation/statement taking
- Legal aid
- Forensic evaluation

Social

- Immediate/longer-term mental health support
- Shelter
- Child protection

*In addition to first-line support



Project description

Goal

Increase the uptake of GBV response services—including HIV-related services—by all who experience GBV in order to improve survivors' overall well-being and particularly their HIV-related outcomes

*All explicitly includes sex workers, transgender people, men who have sex with men, and people living with HIV



Convene and sensitize a multi-sectoral GBV Technical Working Group

- CEPROSH
- National police
- Tourism police
- Ministry of Women
- District Attorney's Office
- Public hospital
- All clinics serving people living with HIV
- Key population members and people living with HIV



Demand



- During outreach and within services for people living with HIV ask, with consent, about experiences of violence and explain the link to HIV
- Offer first-line support, including accompaniment to services





Assessment methods and results

Assessment

- Programmatic data
 - Data on GBV and HIV service use collected by CEPROSH from November 28, 2016 to September 30, 2018
 - Phase 1 and phase 2
- Interviews
 - 16 interviews with providers at participating institutions (CEPROSH, CEPROSH HIV clinic, national police, public hospital HIV clinic, District Attorney's Office, Ministry of Women, peer educators)
 - 7 interviews with clients of violence response services (2 men who have sex with men, 2 transgender women, 2 female sex workers, and 1 person living with HIV)

Results: Implementer acceptance

“I have changed my way of speaking to clients and how I handle them. **Before, I just mentioned the issue of violence; now I’m able to help them address the issue.**

The attitude of the staff has changed significantly ...
When the activity began, **some had a small notion of the GBV subject, but they said there wasn’t any time to deal with that; now everyone feels committed.”**

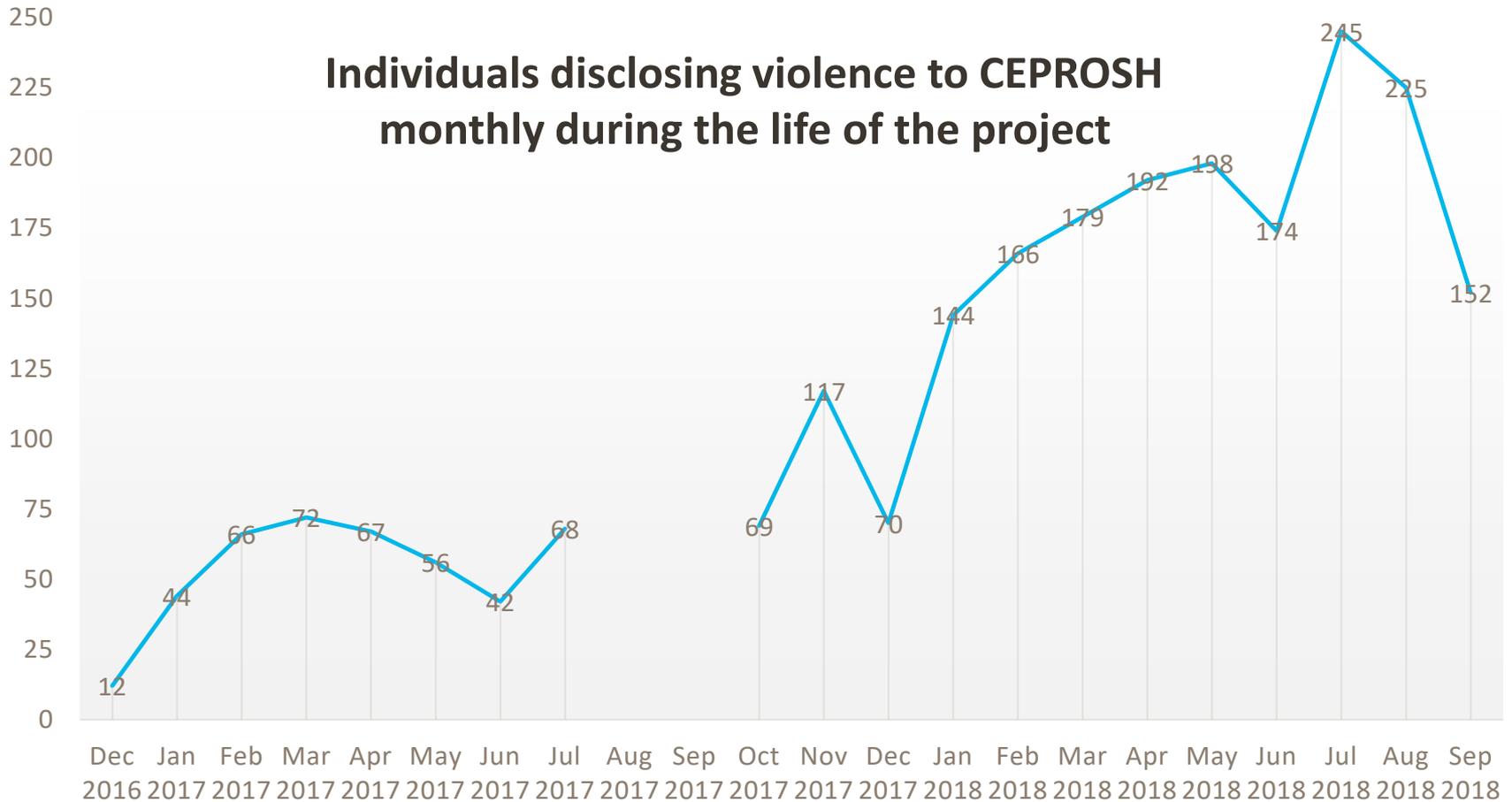
—NGO-based health service provider 01

Results: Service quality

“Now gay men are more easily assisted; officers assist them faster. Just like any other human being. The officers don’t mock them. Comparing it to last year, the treatment to gay men and trans women was really bad. Officers didn’t want to offer services to them and treated them badly; now they don’t.” — Public sector justice service provider 15

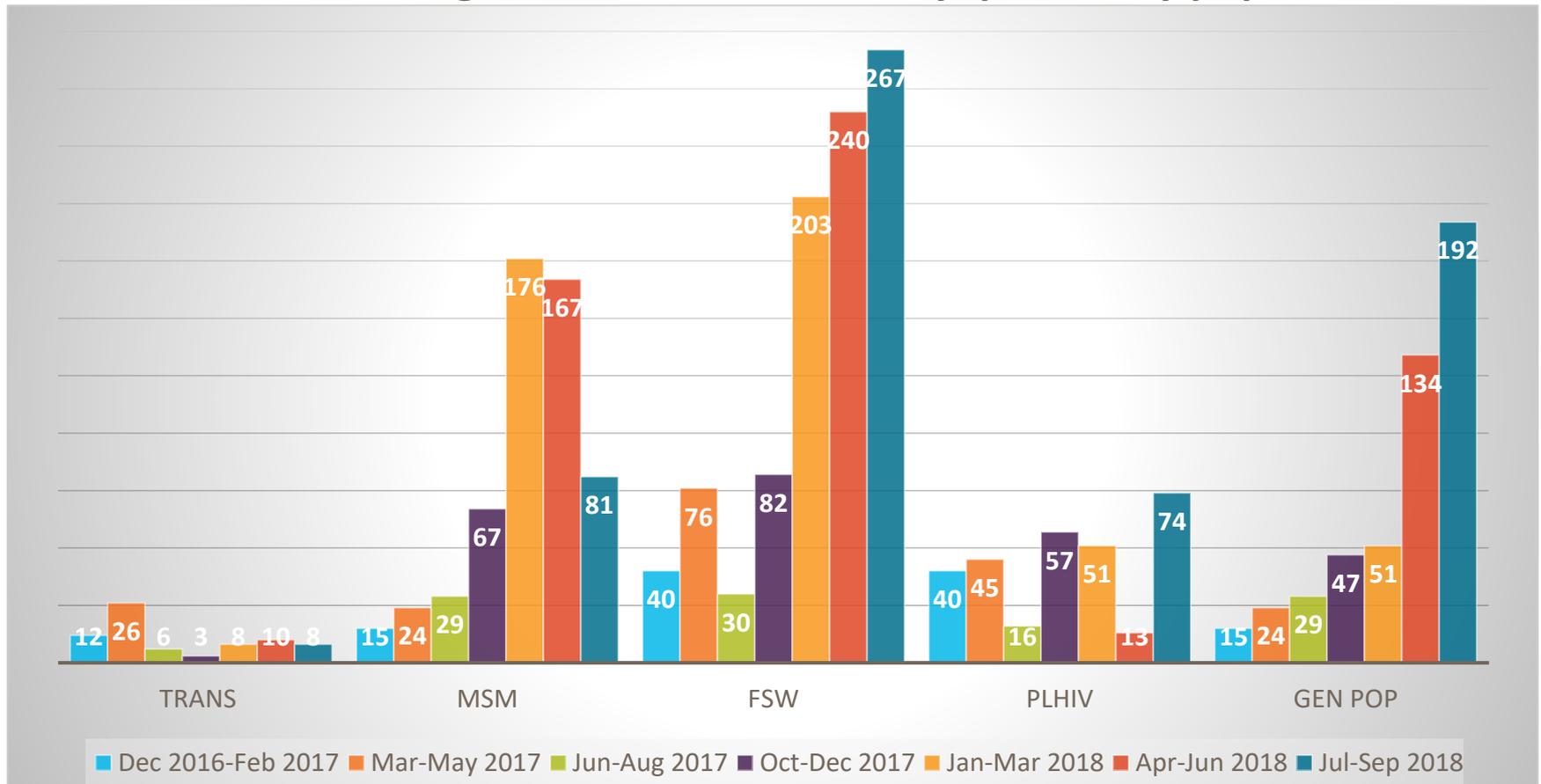
“Before, the authorities [the police] said everything had been something personal [love quarrel with another man] and didn’t believe me. But this time, when it happened again, they **treated me well and received my complaint.**” —GBV service user 02, man who has sex with men

Results: GBV service uptake (1)



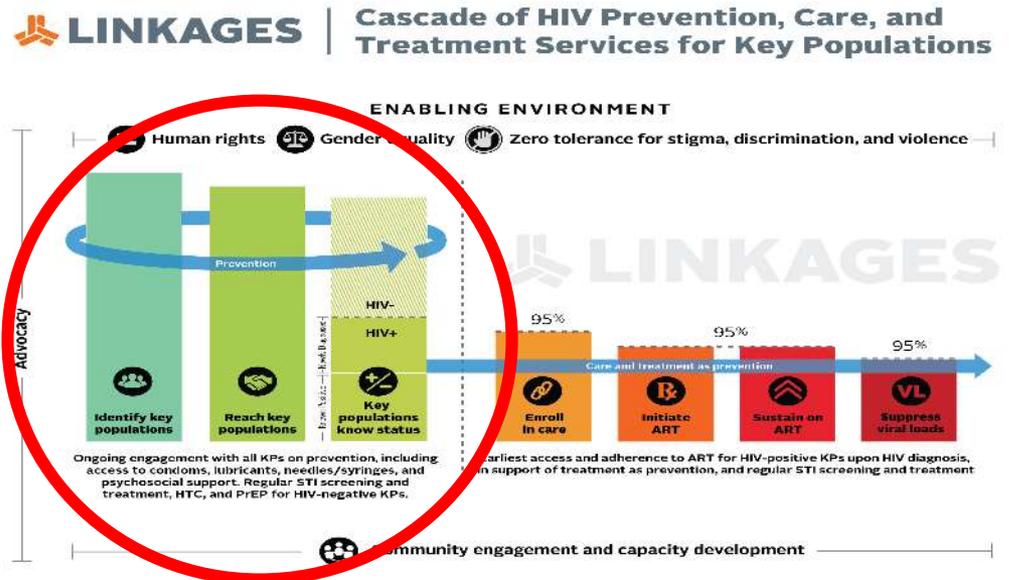
Results: GBV service uptake (2)

Individuals disclosing violence to CEPROSH by quarter, by population



Results: HIV service uptake (1)

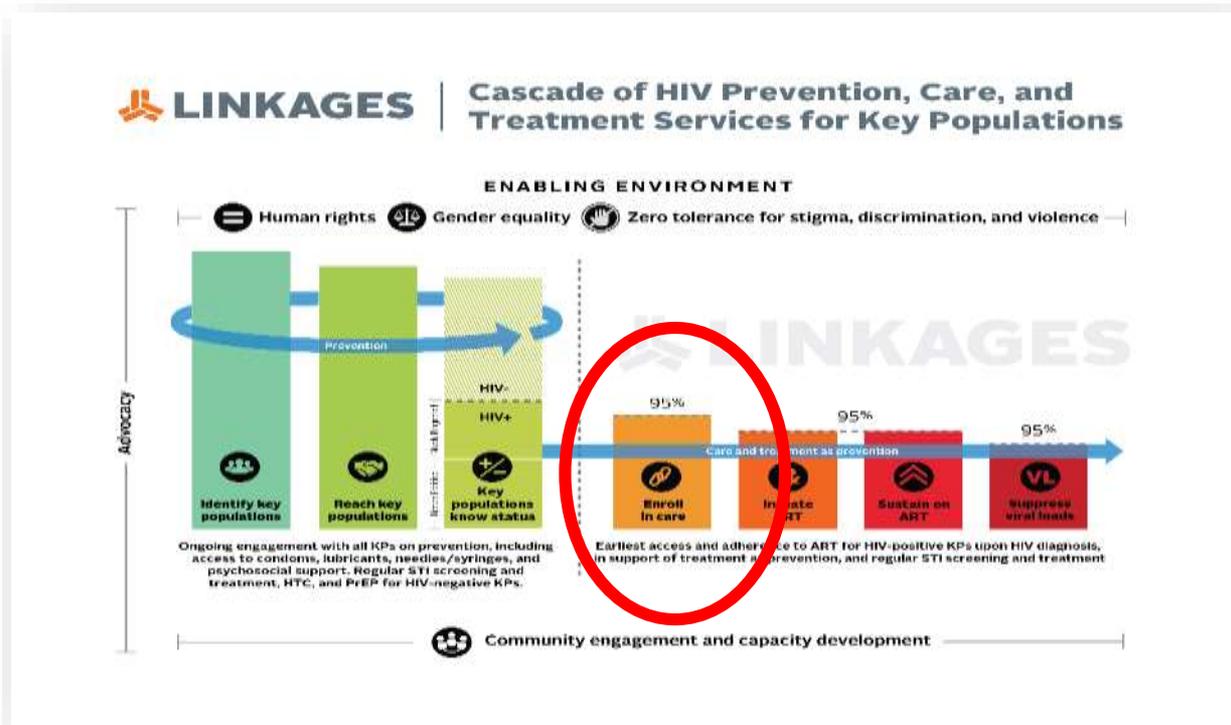
“ ... before, the girls—trans women—didn’t feel the need to come to services or were afraid to do it. But now, with the new GBV services and all the support, they are more willing to come and seek help.” —NGO-based social service provider 11



Results: HIV service uptake (2)

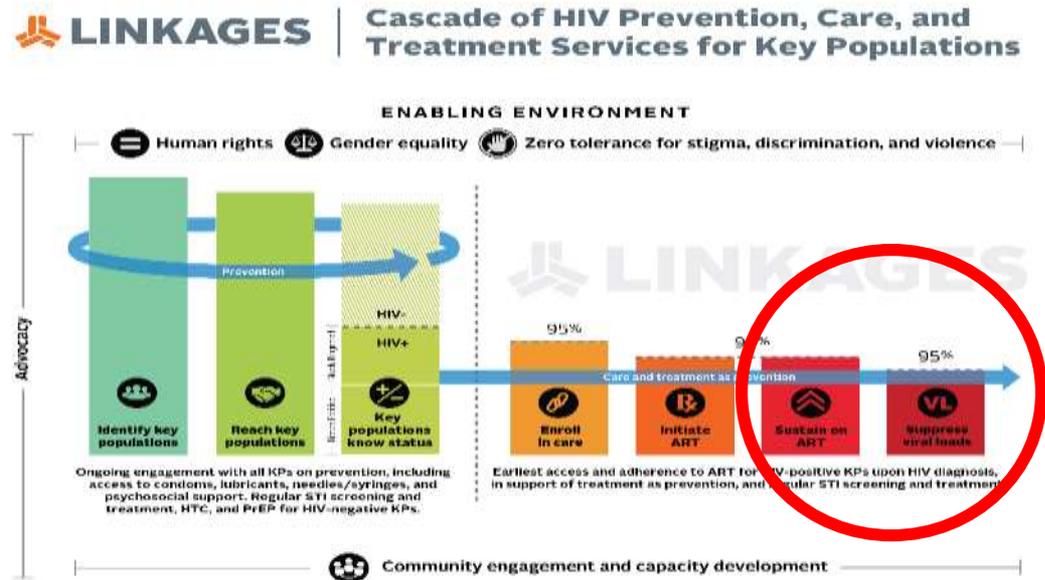
“I have two clients who had abandoned their treatment because of violent situations, and we were able to bring them back to treatment thanks to the GBV services. I think that many dropout cases are because of violence; they don't feel important, they don't feel support, and they think it is not worth living.”

– NGO-based social service provider 09



Results: HIV service uptake (3)

“Helping the clients solve their violence situations is a direct help to their viral load.... **We have seen in several cases that after receiving violence response services, their adherence to the treatment has improved and, therefore, their viral load has declined.**” — Public sector health service provider 07



Results: HIV service uptake (4)

- Individuals initially engaged through the GBV intervention are willing to test and be linked to HIV services

Population	% Tested (Phase 1)	% Eligible Tested (Phase 2)	Positive	% Case Finding
Men who have sex with men	70%	81%	5	0.8%
Transgender women	61%	80%	1	1.8%
Female sex workers	29%	88%	13	1.6%
Members of the general population		74%	5	1.2%

- PEP use increased; 21 total uses; all eligible received PEP in Phase 2

Results: Quality of life

“I understand a lot of things better... I believed that man was everything for me... but after the appointments with the psychologist **I became stronger and understood that I deserved better.** I left that relationship and feel better about myself. They lifted my self-esteem.” – GBV service user, female sex worker

“I am at peace.”— GBV service user, person living with HIV

“I heard [from CEPROSH] that I have the right to live. That I can claim my rights. **I have the right to be however I want to be.**” — GBV service user, man who has sex with men

Conclusions

- Twin HIV and GBV epidemics are common worldwide
- Addressing both simultaneously can help build coalitions and create stronger service delivery systems
- More rigorous evaluation would provide additional insights and could support calls for joint approaches



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Acknowledgments



Across the Continuum of HIV Services for Key Populations



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